OFFICIAL USE ONLY
License No. 03 74 01 0117
Source No. P 007

APPLICATION FOR PERMIT
PROCESS

A-50
FILE COPY

Facility Name Ford Motor Company — Person to Contact Dennis W. Reeve

Facility Address N. Union St. (Street) — Mailing Address P. O. Box 880 (Street)

Fostoria (City, Village or Township) Seneca (County) 44830 (Zip) — Fostoria (City) Ohio (State) 44830 (Zip)

Telephone 419 (Area Code) 435-6655 (Number)

US EPA RECORDS CENTER REGION 5
483896

This application is submitted for:

- X Permit to operate an existing source
- ☐ Permit to construct a new source or modify an existing source
- ☐ Variance from regulation(s) ______ for ______ months

Check-list of information to accompany this application:

☐ Plans and drawings ☐ Emission tests or calculations ☐ Process flow diagram
☐ Compliance time schedule ☐ Construction schedule ☐ Additional information

Name of process Shell Degreasing — Year installed 1969
Product of this process Degreased Steel Spark Plug Shells
Process equipment Trichlorethylene Degreasers — Your identification See Attached List
Manufacturer Local — Make or model Local Design
Capacities (lbs/hr): Rated ______ Maximum ______

OPERATING INFORMATION

Normal operating schedule: hrs/day 24 days/wk 5 wks/yr 50
Percent annual production (finished units) by season: Winter 25 Spring 25 Summer 25 Fall 25
Hourly production rates (lbs): Average 52 Maximum 60
Annual production (indicate units) 182,000,000 pcs.
Projected percent annual increase in production 16%
Method of exhaust ventilation: ☐ Stack ☐ Window fan ☐ Roof vent X Other, describe to control equipment
Type of process: X Continuous ☐ Batch
If batch, minutes per cycle ______ minutes between cycles ______
Does process involve any of the following (check all applicable)? ☐ Lead ☐ Asbestos ☐ Beryllium ☐ Mercury
Materials used in process (include organic materials)

List of Raw Materials	Principal Use	Amount (lbs. hr.)
Mild Steel	Steel Spark Plug Shells	
Trichlorethylene	Degreasing Solvent	430 *

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1972

This application must include a detailed process flow diagram. Show entry and exit points of all raw materials, intermediate products, by-products and finished products. Label all materials including airborne contaminants and other waste materials.

*** Note: Majority of 430 lb/hr. is reclaimed and recycled.**

Important Note: If emissions from this source have been determined by source tests, material balances or emission factors, include such data and supporting calculations with application.

RECEIVED AUG 1 1972 NORTHWEST DISTRICT OFFICE

02

A-50 OK

OFFICIAL USE ONLY
Issue No. 03/24/01/0117
Source No. P/045/005

APPLICATION FOR PERMIT TO PROCESS

Facility Name: Ford Motor Company
Person to Contact: Dennis W. Reeve

Facility Address: N. Union St.. (Street)
Fostoria (City, Village or Township) Seneca (County) 44830 (Zip)

Mailing Address: P. O. Box 880 (Street)
Fostoria (City) Ohio (State) 44830 (Zip)

Telephone: 419 (Area Code) 435-6655 (Number)

This application is submitted for:

- [X] Permit to operate an existing source
- [ ] Permit to construct a new source or modify an existing source
- [ ] Variance from regulation(s) _____ for _____ months

Check-list of information to accompany this application:

- [ ] Plans and drawings
- [ ] Emission tests or calculations
- [ ] Process flow diagram
- [ ] Compliance time schedule
- [ ] Construction schedule
- [ ] Additional information

Name of process: Copper Glass Manufacture — Year installed: _____
Product of this process: Special Resistor Mix for Spark Plug Insulators
Process equipment: See Attached List — Your identification: See Attached List
Manufacturer: See Attached List — Make or model: See Attached List
Capacities (lbs/hr): Rated _____ Maximum _____

OPERATING INFORMATION

Normal operating schedule: hrs/day 8 days/wk 5 wks/yr 50
Percent annual production (finished units) by season: Winter 25 Spring 25 Summer 25 Fall 25
Hourly production rates (lbs): Average 85 Maximum 88
Annual production (indicate units) 173,211 lbs.
Projected percent annual increase in production 15
Method of exhaust ventilation: [ ] Stack [ ] Window fan [ ] Roof vent [ ] Other, describe to control equipment
Type of process: [ ] Continuous [X] Batch
If batch, minutes per cycle 63 minutes between cycles variable
Does process involve any of the following (check all applicable)? [ ] Lead [ ] Asbestos [ ] Beryllium [ ] Mercury
Materials used in process (include organic materials)

List of Raw Materials	Principal Use	Amount (lbs. hr.)
Ground Buro-Silicate Glass	Spark Plug Insulator Resistor Mix	444
Flake Copper	Spark Plug Insulator Resistor Mix	201
Silicon Resin	Spark Plug Insulator Resistor Mix	48

This application must include a detailed process flow diagram. Show entry and exit points of all raw materials, intermediate products, by-products and finished products. Label all materials including airborne contaminants and other waste materials.

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Important Note: If emissions from this source have been determined by source tests, material balances or emission factors, include such data and supporting calculations with application.

OHIO ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR A PERMIT TO OPERATE
AN AIR CONTAMINANT SOURCE

FOR OHIO EPA USE ONLY
APS APPL NO A061
DATE RECEIVED

ALLIED AUTOMOTIVE
Facility Name

STEVEN ROBINETT
Person to Contact

1600 N. UNION
Facility Address

PO BOX 880
Mailing Address

FOSTORIA SENECA 44830
City County Zip

FOSTORIA OHIO 44830
City State Zip

419 435-6688
Telephone Area Number

419 435-6688
Telephone Area Number

(Application No., if this is a renewal application)

3694
Standard Industrial Classification Code

1. Complete and attach any of the following appendices most appropriate to the air contaminant source. In addition, a compliance time schedule form is to be attached when applicable. Check as appropriate the following:

___ Appendix A, Process
___ Appendix B, Fuel-Burning Equipment
___ Appendix C, Incinerator
X Appendix D, Surface Coating or Printing Operation
___ Appendix E, Storage Tank
___ Appendix H, Gasoline Dispensing Facility
___ Appendix J, Loading Rack at Bulk Gasoline Plant or Terminal
___ Appendix K, Surface Coating Line or Printing Line
___ Appendix L, Solvent Metal Cleaning
___ Appendix M, Fugitive Dust Emission Sources
___ (Specify Appendix No.)
___ Appendix N, Rubber Tire Manufacturing
___ Appendix O, Dry Cleaning Facility
___ Appendix P, Synthesized Pharmaceutical Manufacturing
___ Other Appendix
___ Compliance Time Schedule

RECEIVED
MAR 4 1986
OHIO EPA
N.W.D.O.

2. Description of Source (same as used on appendix):
MAINTENANCE PAINT ROOM

3. Your identification for Source (same as used on appendix):
STACK No. 106

I, being the individual specified in Rule 3745-35-02(B) of the Ohio Administrative Code, hereby apply for a Permit to Operate the air contaminant source(s) described herein. As required, the following additional documents are submitted as part of this application (describe all attachments):

PAID
Amount $15.00 Date 3-4-86
Check # 162470 Date 2-26-86

M.W. Semeyn
Authorized Signature*

Vice President and General Manager
Title

2/27/86
Date

*Pursuant to OAC Rule 3745-35-02(B) (Permit to Operate).

Operation of an air contaminant source without an effective permit to operate is prohibited pursuant to 3704.03 Ohio Revised Code.

EPA-3161

12. Exhaust filters:

(a) Type of material: ☐ Fiberglas ☐ Aluminum
☐ Other, describe_____

(b) Filter size (inches): Length_____Width_____Thickness_____
No. of filters:_____ No. of filter changes: _____times per year

13. Describe material painted_____

ALL OPERATIONS (Except paint spray booth)

14. Describe type of operation MAINTENANCE PAINT ROOM

15. Describe method of coating or printing AIRLESS SPRAY GUN, BRUSH AND ROLLER

16. Identify and describe type(s) of material coated or printed FABRICATED STEEL AND WOOD PRODUCTION EQUIPMENT

ALL OPERATIONS

17. Complete the following information for each general type of surface coating of printing material. Report on the material as it is employed after the addition of any pigments, solvents, etc. If there are more than three types of materials, furnish the same data for the additional materials on a separate sheet or another appendix form.

(a) Material employed PAINT ALKYD ENAMEL Density 10.9 lbs./gallon
Solids content 44 % by volume or 64 % by weight
Solvent content 5 % by volume; Solvent density 7.4 lbs./gallon
Normal application schedule: 2 hrs./day, 1 days/wk., 25 wks./year.
Quantity used (gallons/hour): Normal_____Maximum_____
(gallons/year): 50

Complete the solvent composition by identifying each solvent component and its respective % by volume of the total solvent. (The % by volume should total to 100%).

Solvent Composition		
Solvent	% by Volume	*
TYPE 150 SOLVENT (THINNER)	100	Y

Solvent Composition		
Solvent	% by Volume	*

* If solvent is photochemically reactive enter "Y", if not photochemically reactive enter "N", if unknown enter "U".

Is the material photochemically reactive? ☒ Yes ☐ No ☐ Do not know

Premise No. ___/___/___/_____
Source No. ___/_____
Application No. ___/_____

APPENDIX D

SURFACE COATING OR PRINTING OPERATION*

1. This appendix is submitted for a:

☒ Surface coating operation (check one below):

___ Paint spray booth ___ Flow coating
___ Dip tank ___ Roller coating
X Spray Coating (Other than paint spray booth)
___ Other surface coating operation, describe_____

☐ Printing or lithographic operation.

2. Name of operation MAINTENANCE PAINT ROOM; Your identification STACK NO 106
Year Installed 1980

3. Is this operation succeeded by a heated drying or baking operation? ☐ Yes ☒ No
If yes, indicate operating temperature of oven_____° F.

4. Normal operating schedule: 2 hours/day, 1 days/wk., 25 wks./year.

PAINT SPRAY BOOTH

5. Type of spray booth: ☐ Enclosed ☐ Conveyor ☐ Downdraft
☐ Other, describe_____

6. Booth manufacturer_____ Make or Model No._____

7. Type of spraying: ☐ Air gun ☐ Airless ☐ Electrostatic
☐ Other, describe_____

8. Spraying operation is: ☐ Manual ☐ Automatic

9. Fan manufacturer_____ Make or Model No._____

10. Booth's exhaust is equipped with:
☐ Water wash (Complete item 11)
☐ Exhaust filters (Complete item 12)
☐ Baffles
☐ Other, describe_____
☐ None

11. Water wash: (a) Is water recirculated? ☐ Yes ☐ No
(b) Is a chemical added to the water? ☐ Yes ☐ No
(c) Is material reclaimed from wash water? ☐ Yes ☐ No
(d) Describe method for disposal of waste materials: _____

*Does not include metal plating

19. A PROCESS FLOW DIAGRAM MUST BE INCLUDED WITH THIS APPENDIX. Show entry and exit points of all materials and finished products. Label all materials including airborne contaminants and other waste materials. Label the process equipment and control equipment.

CONTROL EQUIPMENT

20. Type of control equipment: ☒ None
☐ Incineration, Temp._____° F, Thermal / Catalytic (Circle one)
☐ Adsorption, describe_____
☐ Condensation, describe_____
☐ Other, describe_____

21. Manufacturer_____ Model No._____ Year Installed_____

22. Percent collection or removal efficiency: Design_____% Operating_____%

23. For non-incineration method identify specific pollutant controlled_____

STACK DATA

24. Your stack identification STACK No 106

25. Are other sources vented to this stack? ☐ Yes ☒ No
If yes, identify sources_____

26. Type: ☒ Round, top inside diameter dimension 17½"
☐ Rectangular, top inside dimensions (L)_____ x (W)_____

27. Height: Above roof_____ft., above ground 16 ft. THRU WALL

28. Exit gas: Temp. 70 ° F, Volume 3500 ACFM, Velocity 2095 ft./min.

29. Continuous monitoring equipment: ☐ Yes ☒ No
If yes, indicate Type_____, Manufacturer_____
Make or Model_____, Pollutant(s) monitored_____

30. Emission data: Emissions from this source have been determined and such data is included with this appendix: ☐ Yes ☒ No
If yes, check method: ☐ Stack Test ☐ Emission factor ☐ Material balance

Completed by S. ROBINETT, M. MILLER Date 2/25/86

17. (b) Material employed _____ Density_____lbs./gallon
Solids content _____% by volume or_____% by weight
Solvent content _____% by volume Solvent density_____lbs./gallon
Normal application schedule:____hrs./day,____days/wk.,____wks./year.
Quantity used (gallons/hour): Normal_____Maximum_____
(gallons/year): _____

Complete the solvent composition by identifying each solvent component and its respective % by volume of the total solvent. (The % by volume should total to 100%).

Solvent Composition		
Solvent	% by Volume	*

Solvent Composition		
Solvent	% by Volume	*

* If solvent is photochemically reactive enter "Y", if not photochemically reactive enter "N", if unknown enter "U".

Is the material photochemically reactive? ☐ Yes ☐ No ☐ Do not know

17. (c) Material employed _____ Density_____lbs./gallon
Solids content _____% by volume or_____% by weight
Solvent content _____% by volume Solvent density_____lbs./gallon
Normal application schedule:____hrs./day,____days/wk.,____wks./year.
Quantity used (gallons/hour): Normal_____Maximum_____
(gallons/year): _____

Complete the solvent composition by identifying each solvent component and its respective % by volume of the total solvent. (The % by volume should total to 100%).

Solvent Composition		
Solvent	% by Volume	*

Solvent Composition		
Solvent	% by Volume	*

* If solvent is photochemically reactive enter "Y", if not photochemically reactive enter "N", if unknown enter "U".

Is the material photochemically reactive? ☐ Yes ☐ No ☐ Do not know

18. Identify all liquid organic cleanup materials for this process and indicate the amount used per average operating day and per year.

Cleanup Material	*	Gallons Used	
		Daily	Yearly
TYPE 150 SOLVENT (THINNER)	Y		20

* If material is photochemically reactive enter "Y", if not photochemically reactive enter "N", if unknown enter "U".

OFFICIAL USE ONLY
Issue No. 03/24/01/0117
Source No. P/045009

A-52

APPLICATION FOR PERMIT PROCESS

Facility Name: Ford Motor Company
Person to Contact: Dennis W. Reeve

Facility Address: N. Union St.. (Street)
Fostoria (City, Village or Township) Seneca (County) 44830 (Zip)

Mailing Address: P. O. Box 880 (Street)
Fostoria (City) Ohio (State) 44830 (Zip)

Telephone: 419 (Area Code) 435-6655 (Number)

This application is submitted for:
- X Permit to operate an existing source
- [ ] Permit to construct a new source or modify an existing source
- [ ] Variance from regulation(s) _____ for _____ months

Check-list of information to accompany this application:
- [ ] Plans and drawings
- [ ] Emission tests or calculations
- [ ] Process flow diagram
- [ ] Compliance time schedule
- [ ] Construction schedule
- [ ] Additional information

Name of process: Spark Plug Degreaser — Year installed: _____
Product of this process: Clean Spark Plugs
Process equipment: Degreaser, Vapor Type — Your identification: BT# 588322
Manufacturer: Phillips — Make or model: Special Model 36-E
Capacities (lbs/hr): Rated _____ Maximum _____

OPERATING INFORMATION

Normal operating schedule: hrs/day 8 days/wk 5 wks/yr 30
Percent annual production (finished units) by season: Winter 25% Spring 25% Summer 25% Fall 25%
Hourly production rates (lbs): Average _____ Maximum _____
Annual production (indicate units) 485,296
Projected percent annual increase in production _____
Method of exhaust ventilation: [X] Stack [ ] Window fan [ ] Roof vent [ ] Other, describe _____
Type of process: [ ] Continuous [X] Batch
If batch, minutes per cycle 7 minutes between cycles _____
Does process involve any of the following (check all applicable)? [ ] Lead [ ] Asbestos [ ] Beryllium [ ] Mercury
Materials used in process (include organic materials)

List of Raw Materials	Principal Use	Amount (lbs. hr.)
Spark Plug Assemblies	Final Spark Plug Product	225 (approx.)

This application must include a detailed process flow diagram. Show entry and exit points of all raw materials, intermediate products, by-products and finished products. Label all materials including airborne contaminants and other waste materials.

RECEIVED AUG 1 1992 OHIO EPA DEPT. OF HEALTH NORTHWEST DISTRICT OFFICE

Important Note: If emissions from this source have been determined by source tests, material balances or emission factors, include such data and supporting calculations with application.

FFICIAL USE ONLY
No. 03/74/01/0117
e No. S/022

DATA SHEET
STACK AND OTHER EGRESS POINTS

cility Name Ford Motor Company — Person to Contact Dennis W. Reeve

cility Address N. Union St.. (Street) — Mailing Address P. O. Box 880 (Street)

Fostoria (ty, Village or Township) Seneca (County) 44830 (Zip) — Fostoria (City) Ohio (State) 44830 (Zip)

Telephone 419 (Area Code) 435-6655 (Number)

pe: X Round ☐ Rectangular - top inside dimension(s) (L & W or Diam.) 8" dia.

ight: Above roof 3 ft. Above ground 31 ft.

it gas: Temp. AMB °F. Volume 805 ACFM Velocity 2300 feet per minute

ntinuous monitoring equipment: ☐ Yes X No. If yes, indicate: Type ______

nufacturer ______ Make or model ______ Pollutant ______

aw a flow diagram in plan view of the source equipment, control equipment and stacks. If more than one source control device discharges into this stack show all connections. See Attached

1972
HEALTH
NORTHWEST DISTRICT OFFICE

rtant Note: If emissions from the above stack have been determined by performance testing or other means, include such data and supporting calculations with this data sheet.

5-07

Ohio Environmental Protection Agency

Renewal Application for a Permit to Operate

an Air Contaminant Source

BENDIX AUTOLITE CORPORATION
Facility Name

P.O. Box 880
Facility Address

Fostoria, Seneca 44830
City County Zip

0374010117P009
Application No. (see attached Notice)

Richard A. Wolery
Person to Contact

P.O. Box 880
Mailing Address

Fostoria, Ohio 44830
City State Zip

435-6655 (419) Ex 306
Telephone Area Number

1. Complete and attach one of the following appendices most appropriate to the air contaminant source. Only one appendix may accompany this application.

(Check one)
XX Appendix A, Process
Appendix B, Fuel-Burning Equipment
Appendix C, Incinerator
Appendix D, Surface Coating or Printing Operation
Appendix E, Storage Tank or Loading Facility

2. Description of Source (same as used on appendix):

Chlorethylene (VG) Degreaser (changed from trichlorethylene)

3. Your Identification for Source (same as used on appendix):

Final Spark Plug Degreaser

I, being the individual specified in OAC 3745-35 of the rules of the Ohio Environmental Protection Agency, hereby apply for a Permit to Operate (OAC 3745-35-02) for the air contaminant source described herein.

R. C. Warbey
Signature of Officer or Owner*

Pres. & Gen. Mgr.
Title

3-16-77
Date

RECEIVED
MAR 28 1977
Ohio Environmental Protection Agency
NORTHWEST DISTRICT

*As per OAC Rule 3745-35-02(B)(1) (Permit to Operate)

(See Directions on Other Side)

AP-PS-1101
1/24/77

OHIO ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR A PERMIT TO OPERATE
AN AIR CONTAMINANT SOURCE

FOR OHIO EPA USE ONLY
APS APPL NO R006
DATE RECEIVED

ALLIED AUTOMOTIVE
Facility Name

STEVEN ROBINETT
Person to Contact

1600 N. UNION
Facility Address

PO BOX 880
Mailing Address

FOSTORIA SENECA 44830
City County Zip

FOSTORIA OHIO 44830
City State Zip

419 435-6688
Telephone Area Number

419 435-6688
Telephone Area Number

(Application No., if this is a renewal application)

3694
Standard Industrial Classification Code

1. Complete and attach any of the following appendices most appropriate to the air contaminant source. In addition, a compliance time schedule form is to be attached when applicable. Check as appropriate the following:

___Appendix A, Process
___Appendix B, Fuel-Burning Equipment
___Appendix C, Incinerator
_X_Appendix D, Surface Coating or Printing Operation
___Appendix E, Storage Tank
___Appendix H, Gasoline Dispensing Facility
___Appendix J, Loading Rack at Bulk Gasoline Plant or Terminal
___Appendix K, Surface Coating Line or Printing Line
___Appendix L, Solvent Metal Cleaning
___Appendix M, Fugitive Dust Emission Sources
___(Specify Appendix No.)
___Appendix N, Rubber Tire Manufacturing
___Appendix O, Dry Cleaning Facility
___Appendix P, Synthesized Pharmaceutical Manufacturing
___Other Appendix
___Compliance Time Schedule

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MAR 4 1986
OHIO EPA
N.W.D.O.

2. Description of Source (same as used on appendix):
GOLD PAINTER 413155

3. Your identification for Source (same as used on appendix):
STACK NO 255

I, being the individual specified in Rule 3745-35-02(B) of the Ohio Administrative Code, hereby apply for a Permit to Operate the air contaminant source(s) described herein. As required, the following additional documents are submitted as part of this application (describe all attachments):

PAID
Amount #15.00 Date 3-4-86
Check # 162490 Date 2-26-86

M.W. Semeyn
Authorized Signature*

Vice President and General Manager
Title

2/27/86
Date

*Pursuant to OAC Rule 3745-35-02(B) (Permit to Operate). Operation of an air contaminant source without an effective permit to operate is prohibited pursuant to 3704.05 Ohio Revised Code.

EPA-3161

Premise No. ___/___/___/_____
Source No. ___/_____
Application No. ___/_____

APPENDIX D

SURFACE COATING OR PRINTING OPERATION*

1. This appendix is submitted for a:

☒ Surface coating operation (check one below):

X Paint spray booth ___ Flow coating
___ Dip tank ___ Roller coating
___ Spray Coating (Other than paint spray booth)
___ Other surface coating operation, describe_____

☐ Printing or lithographic operation.

2. Name of operation GOLD PAINTER; Your identification STACK NO 255 413155
Year Installed UK

3. Is this operation succeeded by a heated drying or baking operation? ☒ Yes ☐ No
If yes, indicate operating temperature of oven 200 ° F. APPROX

4. Normal operating schedule: 0 hours/day, 0 days/wk., 0 wks./year.

PAINT SPRAY BOOTH

5. Type of spray booth: ☒ Enclosed ☐ Conveyor ☐ Downdraft
☐ Other, describe_____

6. Booth manufacturer DEVILBISS Make or Model No._____

7. Type of spraying: ☒ Air gun ☐ Airless ☐ Electrostatic
☐ Other, describe_____

8. Spraying operation is: ☐ Manual ☒ Automatic

9. Fan manufacturer DEVILBISS Make or Model No. UK

10. Booth's exhaust is equipped with: ☒ Water wash (Complete item 11)
☐ Exhaust filters (Complete item 12)
☐ Baffles
☐ Other, describe_____
☐ None

11. Water wash: (a) Is water recirculated? ☒ Yes ☐ No
(b) Is a chemical added to the water? ☐ Yes ☒ No
(c) Is material reclaimed from wash water? ☐ Yes ☒ No
(d) Describe method for disposal of waste materials: LAND FILL (FOR SOLIDS)

*Does not include metal plating

17. (b) Material employed _____ Density_____lbs./gallon
Solids content _____% by volume or_____% by weight
Solvent content _____% by volume Solvent density_____lbs./gallon
Normal application schedule:____hrs./day,____days/wk.,____wks./year.
Quantity used (gallons/hour): Normal_____Maximum_____
(gallons/year): _____

Complete the solvent composition by identifying each solvent component and its respective % by volume of the total solvent. (The % by volume should total to 100%).

Solvent Composition		
Solvent	% by Volume	*

Solvent Composition		
Solvent	% by Volume	*

* If solvent is photochemically reactive enter "Y", if not photochemically reactive enter "N", if unknown enter "U".

Is the material photochemically reactive? ☐ Yes ☐ No ☐ Do not know

17. (c) Material employed _____ Density_____lbs./gallon
Solids content _____% by volume or_____% by weight
Solvent content _____% by volume Solvent density_____lbs./gallon
Normal application schedule:____hrs./day,____days/wk.,____wks./year.
Quantity used (gallons/hour): Normal_____Maximum_____
(gallons/year): _____

Complete the solvent composition by identifying each solvent component and its respective % by volume of the total solvent. (The % by volume should total to 100%).

Solvent Composition		
Solvent	% by Volume	*

Solvent Composition		
Solvent	% by Volume	*

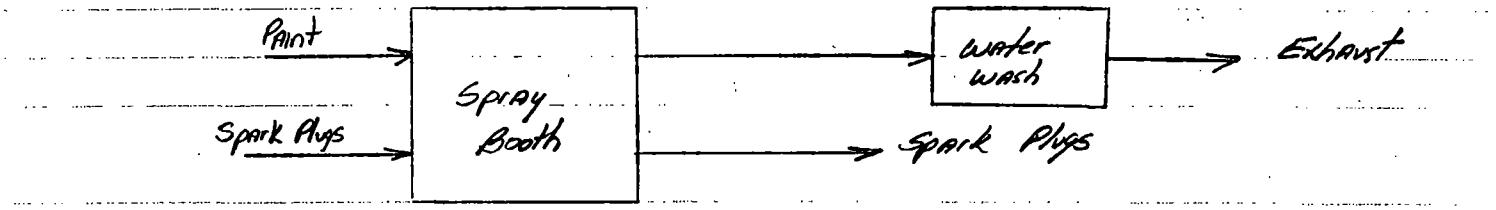
* If solvent is photochemically reactive enter "Y", if not photochemically reactive enter "N", if unknown enter "U".

Is the material photochemically reactive? ☐ Yes ☐ No ☐ Do not know

18. Identify all liquid organic cleanup materials for this process and indicate the amount used per average operating day and per year.

Cleanup Material	*	Gallons Used	
		Daily	Yearly
SOLVENT MIXED	U		25

* If material is photochemically reactive enter "Y", if not photochemically reactive enter "N", if unknown enter "U".


Paint
Spark Plugs
Spray Booth
water wash
Exhaust
Spark Plugs

OHIO ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR A PERMIT TO OPERATE
AN AIR CONTAMINANT SOURCE

FOR OHIO EPA USE ONLY
APS APPL NO 8005
DATE RECEIVED

ALLIED AUTOMOTIVE
Facility Name

STEVEN ROBINETT
Person to Contact

1600 N. UNION
Facility Address

PO BOX 880
Mailing Address

FOSTORIA SENECA 44830
City County Zip

FOSTORIA OHIO 44830
City State Zip

419 435-6688
Telephone Area Number

419 435-6688
Telephone Area Number

(Application No., if this is a renewal application)

3694
Standard Industrial Classification Code

1. Complete and attach any of the following appendices most appropriate to the air contaminant source. In addition, a compliance time schedule form is to be attached when applicable. Check as appropriate the following:

___Appendix A, Process
___Appendix B, Fuel-Burning Equipment
___Appendix C, Incinerator
X Appendix D, Surface Coating or Printing Operation
___Appendix E, Storage Tank
___Appendix H, Gasoline Dispensing Facility
___Appendix J, Loading Rack at Bulk Gasoline Plant or Terminal
___Appendix K, Surface Coating Line or Printing Line
___Appendix L, Solvent Metal Cleaning
___Appendix M, Fugitive Dust Emission Sources
___(Specify Appendix No.)
___Appendix N, Rubber Tire Manufacturing
___Appendix O, Dry Cleaning Facility
___Appendix P, Synthesized Pharmaceutical Manufacturing
___Other Appendix
___Compliance Time Schedule

2. Description of Source (same as used on appendix):
BINKS SPRAY BOOTH 635520

3. Your identification for Source (same as used on appendix):
STACK NO 333

RECEIVED
MAR 4 1986
OHIO EPA
N.W.D.O.

I, being the individual specified in Rule 3745-35-02(B) of the Ohio Administrative Code, hereby apply for a Permit to Operate the air contaminant source(s) described herein. As required, the following additional documents are submitted as part of this application (describe all attachments):

PAID
Amount $15.00 Date 3-4-86
Check # 162470 Date 2-26-86

M.W. Semeyn
Authorized Signature*

Vice President and General Manager
Title

2/27/86
Date

*Pursuant to OAC Rule 3745-35-02(B) (Permit to Operate). Operation of an air contaminant source without an effective permit to operate is prohibited pursuant to 3704.05 Ohio Revised Code.

EPA-3161

Premise No. ___/___/___/_____
Source No. ___/_____
Application No. ___/_____

APPENDIX D

SURFACE COATING OR PRINTING OPERATION*

1. This appendix is submitted for a:

☒ Surface coating operation (check one below):

- X Paint spray booth
- ___ Dip tank
- ___ Spray Coating (Other than paint spray booth)
- ___ Other surface coating operation, describe_____
- ___ Flow coating
- ___ Roller coating

☐ Printing or lithographic operation.

2. Name of operation GENERAL LAB HOOD ; Your identification 635520
Year Installed 1975

3. Is this operation succeeded by a heated drying or baking operation? ☐ Yes ☒ No
If yes, indicate operating temperature of oven_____° F.

4. Normal operating schedule: 1 hours/day, 3 days/wk., 50 wks./year.

PAINT SPRAY BOOTH

5. Type of spray booth: ☒ Enclosed ☐ Conveyor ☐ Downdraft
☐ Other, describe_____

6. Booth manufacturer BWKS Make or Model No. DBB-47T

7. Type of spraying: ☒ Air gun ☐ Airless ☐ Electrostatic
☐ Other, describe_____

8. Spraying operation is: ☒ Manual ☐ Automatic

9. Fan manufacturer DeVILBISS Make or Model No. JN-5815

10. Booth's exhaust is equipped with:
☐ Water wash (Complete item 11)
☐ Exhaust filters (Complete item 12)
☒ Baffles
☐ Other, describe_____
☐ None

11. Water wash: (a) Is water recirculated? ☐ Yes ☒ No
(b) Is a chemical added to the water? ☐ Yes ☒ No
(c) Is material reclaimed from wash water? ☐ Yes ☒ No
(d) Describe method for disposal of waste materials: _____

*Does not include metal plating

17. (b) Material employed _____ Density_____lbs./gallon
Solids content _____% by volume or_____% by weight
Solvent content _____% by volume Solvent density_____lbs./gallon
Normal application schedule:____hrs./day,____days/wk.,____wks./year.
Quantity used (gallons/hour): Normal_____Maximum_____
(gallons/year): _____

Complete the solvent composition by identifying each solvent component and its respective % by volume of the total solvent. (The % by volume should total to 100%).

Solvent Composition		
Solvent	% by Volume	*

Solvent Composition		
Solvent	% by Volume	*

* If solvent is photochemically reactive enter "Y", if not photochemically reactive enter "N", if unknown enter "U".

Is the material photochemically reactive? ☐ Yes ☐ No ☐ Do not know

17. (c) Material employed _____ Density_____lbs./gallon
Solids content _____% by volume or_____% by weight
Solvent content _____% by volume Solvent density_____lbs./gallon
Normal application schedule:____hrs./day,____days/wk.,____wks./year.
Quantity used (gallons/hour): Normal_____Maximum_____
(gallons/year): _____

Complete the solvent composition by identifying each solvent component and its respective % by volume of the total solvent. (The % by volume should total to 100%).

Solvent Composition		
Solvent	% by Volume	*

Solvent Composition		
Solvent	% by Volume	*

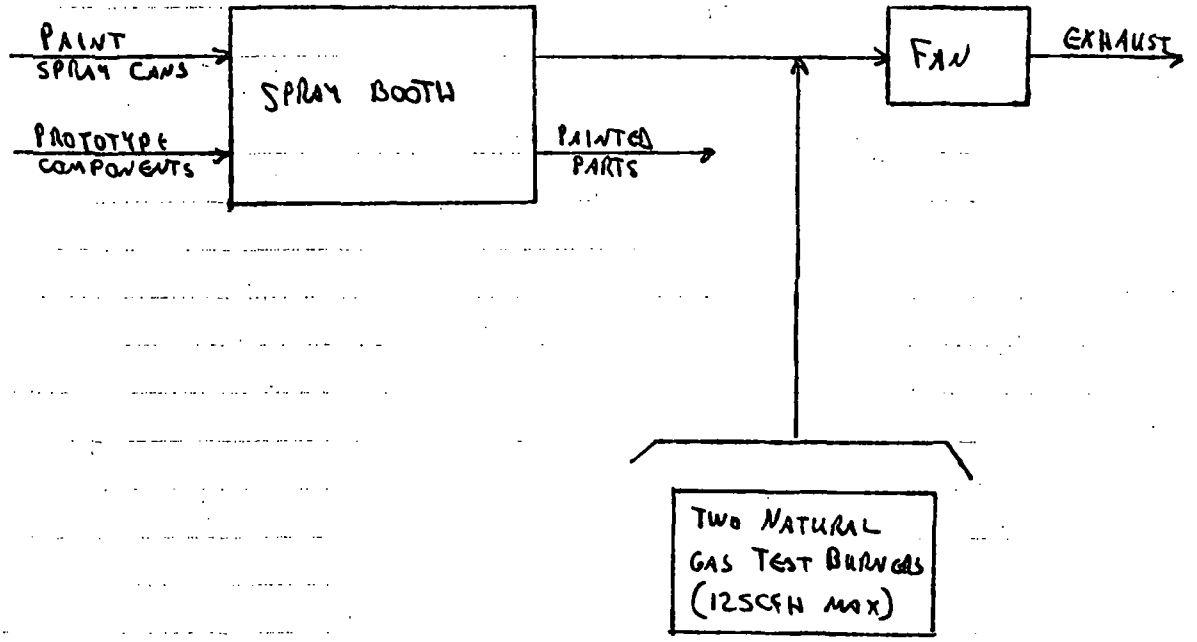
* If solvent is photochemically reactive enter "Y", if not photochemically reactive enter "N", if unknown enter "U".

Is the material photochemically reactive? ☐ Yes ☐ No ☐ Do not know

18. Identify all liquid organic cleanup materials for this process and indicate the amount used per average operating day and per year.

Cleanup Material	*	Gallons Used	
		Daily	Yearly
XYLENE	U		10
ACETONE	U		10
METHANOL	U		5

* If material is photochemically reactive enter "Y", if not photochemically reactive enter "N", if unknown enter "U".


PAINT SPRAY CANS
PROTOTYPE COMPONENTS
SPRAY BOOTH
PAINTED PARTS
FAN
EXHAUST
TWO NATURAL GAS TEST BURNERS (125CFH MAX)

OHIO ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR A PERMIT TO OPERATE
AN AIR CONTAMINANT SOURCE

FOR OHIO EPA USE ONLY
APS APPL NO R004
DATE RECEIVED

ALLIED AUTOMOTIVE Facility Name	STEVEN ROBINETT Person to Contact
1600 N. UNION Facility Address	PO BOX 880 Mailing Address
FOSTORIA SENECA 44830 City County Zip	FOSTORIA OHIO 44830 City State Zip
419 435-6688 Telephone Area Number	419 435-6688 Telephone Area Number

(Application No., if this is a renewal application) 3694 Standard Industrial Classification Code

1. Complete and attach any of the following appendices most appropriate to the air contaminant source. In addition, a compliance time schedule form is to be attached when applicable. Check as appropriate the following:

___Appendix A, Process
___Appendix B, Fuel-Burning Equipment
___Appendix C, Incinerator
X Appendix D, Surface Coating or Printing Operation
___Appendix E, Storage Tank
___Appendix H, Gasoline Dispensing Facility
___Appendix J, Loading Rack at Bulk Gasoline Plant or Terminal
___Appendix K, Surface Coating Line or Printing Line
___Appendix L, Solvent Metal Cleaning
___Appendix M, Fugitive Dust Emission Sources
(Specify Appendix No.)
___Appendix N, Rubber Tire Manufacturing
___Appendix O, Dry Cleaning Facility
___Appendix P, Synthesized Pharmaceutical Manufacturing
___Other Appendix
___Compliance Time Schedule

2. Description of Source (same as used on appendix):
DYKEM APPLICATION

3. Your identification for Source (same as used on appendix):
STACK NO 301

RECEIVED
MAR 4 1986
OHIO EPA
N.W.D.O.

I, being the individual specified in Rule 3745-35-02(B) of the Ohio Administrative Code, hereby apply for a Permit to Operate the air contaminant source(s) described herein. As required, the following additional documents are submitted as part of this application (describe all attachments):

PAID
Amount 415.00 Date 3-4-86
Check # 162470 Date 2-26-86

M.W. Semeyn
Authorized Signature*

Vice President and General Manager
Title

2/27/86
Date

*Pursuant to OAC Rule 3745-35-02(B) (Permit to Operate). Operation of an air contaminant source without an effective permit to operate is prohibited pursuant to 3704.05 Ohio Revised Code.

EPA-3161

Premise No. ___/___/___/_____
Source No. ___/_____
Application No. ___/_____

APPENDIX D

SURFACE COATING OR PRINTING OPERATION*

1. This appendix is submitted for a:

☒ Surface coating operation (check one below):

___ Paint spray booth ___ Flow coating
___ Dip tank X Roller coating
___ Spray Coating (Other than paint spray booth)
___ Other surface coating operation, describe_____

☐ Printing or lithographic operation.

2. Name of operation DYKEM APPLICATION ; Your identification STACK NO 301
Year Installed 1980

3. Is this operation succeeded by a heated drying or baking operation? ☐ Yes ☒ No
If yes, indicate operating temperature of oven_____° F.

4. Normal operating schedule: 24 hours/day, 5 days/wk., 47 wks./year.

~~PAINT SPRAY~~ BOOTH

5. Type of spray booth: ☒ Enclosed ☐ Conveyor ☐ Downdraft
☐ Other, describe_____

6. Booth manufacturer AUTO LITE Make or Model No._____

7. Type of spraying: ☐ Air gun ☐ Airless ☐ Electrostatic
☐ Other, describe_____

8. Spraying operation is: ☐ Manual ☐ Automatic

9. Fan manufacturer_____ Make or Model No._____

10. Booth's exhaust is equipped with:
☐ Water wash (Complete item 11)
☐ Exhaust filters (Complete item 12)
☐ Baffles
☐ Other, describe_____
☐ None

11. Water wash: (a) Is water recirculated? ☐ Yes ☐ No
(b) Is a chemical added to the water? ☐ Yes ☐ No
(c) Is material reclaimed from wash water? ☐ Yes ☐ No
(d) Describe method for disposal of waste materials: _____

*Does not include metal plating

17. (b) Material employed _____ Density_____lbs./gallon
Solids content _____% by volume or_____% by weight
Solvent content _____% by volume Solvent density_____lbs./gallon
Normal application schedule:____hrs./day,____days/wk.,____wks./year.
Quantity used (gallons/hour): Normal_____Maximum_____
(gallons/year): _____

Complete the solvent composition by identifying each solvent component and its respective % by volume of the total solvent. (The % by volume should total to 100%).

Solvent Composition		
Solvent	% by Volume	*

Solvent Composition		
Solvent	% by Volume	*

* If solvent is photochemically reactive enter "Y", if not photochemically reactive enter "N", if unknown enter "U".

Is the material photochemically reactive? ☐ Yes ☐ No ☐ Do not know

17. (c) Material employed _____ Density_____lbs./gallon
Solids content _____% by volume or_____% by weight
Solvent content _____% by volume Solvent density_____lbs./gallon
Normal application schedule:____hrs./day,____days/wk.,____wks./year.
Quantity used (gallons/hour): Normal_____Maximum_____
(gallons/year): _____

Complete the solvent composition by identifying each solvent component and its respective % by volume of the total solvent. (The % by volume should total to 100%).

Solvent Composition		
Solvent	% by Volume	*

Solvent Composition		
Solvent	% by Volume	*

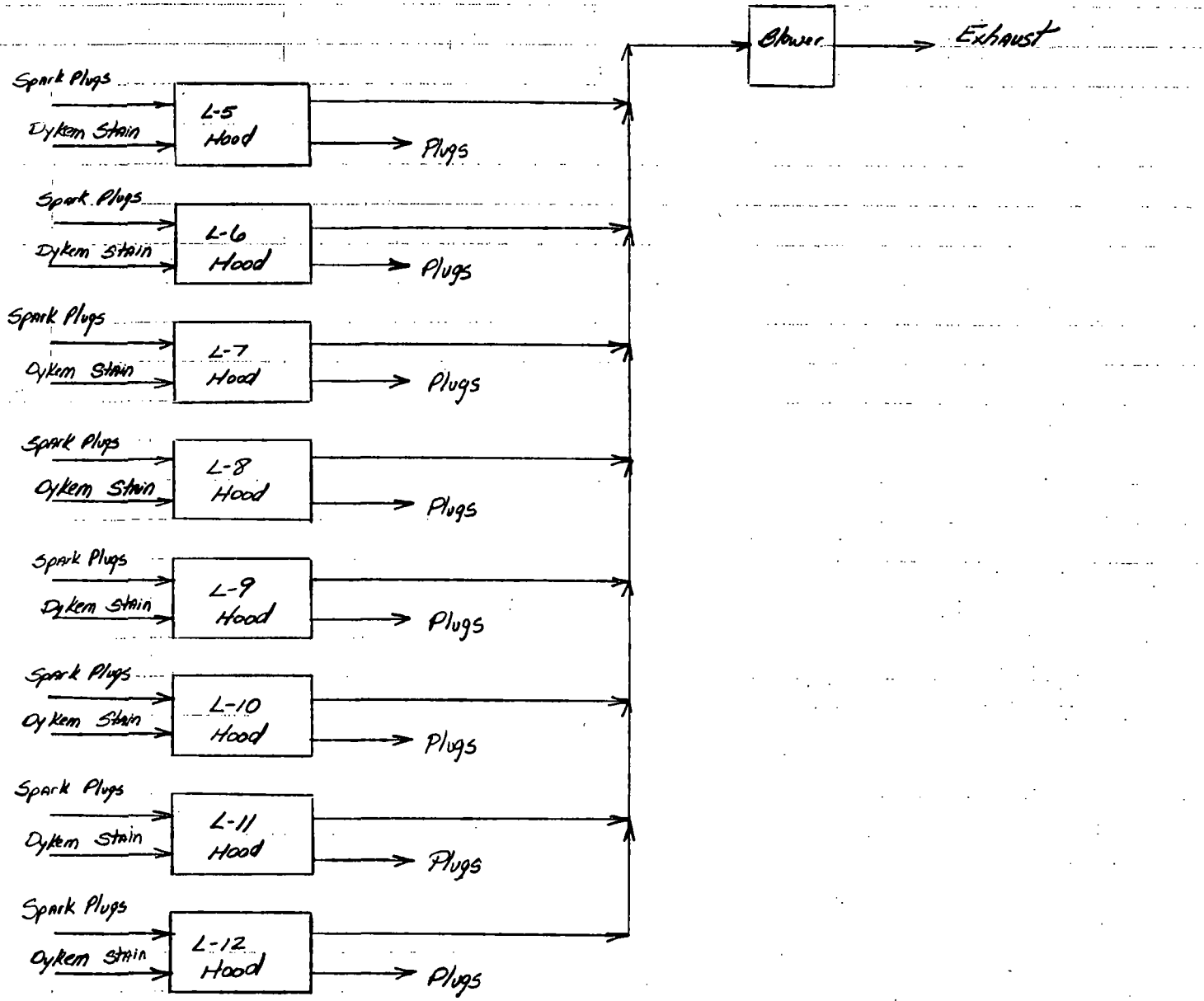
* If solvent is photochemically reactive enter "Y", if not photochemically reactive enter "N", if unknown enter "U".

Is the material photochemically reactive? ☐ Yes ☐ No ☐ Do not know

18. Identify all liquid organic cleanup materials for this process and indicate the amount used per average operating day and per year.

Cleanup Material	*	Gallons Used	
		Daily	Yearly
N/A			

* If material is photochemically reactive enter "Y", if not photochemically reactive enter "N", if unknown enter "U".


Blower
Exhaust
Spark Plugs
Dykem Stain
L-5 Hood
Plugs
Spark Plugs
Dykem Stain
L-6 Hood
Plugs
Spark Plugs
Dykem Stain
L-7 Hood
Plugs
Spark Plugs
Dykem Stain
L-8 Hood
Plugs
Spark Plugs
Dykem Stain
L-9 Hood
Plugs
Spark Plugs
Dykem Stain
L-10 Hood
Plugs
Spark Plugs
Dykem Stain
L-11 Hood
Plugs
Spark Plugs
Dykem Stain
L-12 Hood
Plugs

F-3

Occupational Safety and Health Administration

MATERIAL SAFETY DATA SHEET

OMB No. 44-R1387

DEPT 55
TOOL IDENTIFICATION
057-020-

Required under USDL Safety and Health Regulations for Ship Repairing, Shipbuilding, and Shipbreaking (29 CFR 1915, 1916, 1917) · DEPT 9 PLUG MARKING PLT ENGR

SECTION I

DEPT 55

MANUFACTURER'S NAME: DYKEM COMPANY	EMERGENCY TELEPHONE NO.: (314)423-0100
ADDRESS (Number, Street, City, State, and ZIP Code): 8501 Delport Drive, St. Louis, Missouri 63114	
CHEMICAL NAME AND SYNONYMS:	TRADE NAME AND SYNONYMS: DYKEM STAINING COLORS
CHEMICAL FAMILY: Speciality Lacquers	FORMULA:

SECTION II - HAZARDOUS INGREDIENTS

PAINTS, PRESERVATIVES, & SOLVENTS	%	TLV (Units)	ALLOYS AND METALLIC COATINGS	%	TLV (Units)
PIGMENTS (average)	5	------	BASE METAL None		
~~CATALYST~~ or Dyes	1	------	ALLOYS None		
VEHICLE (average)	3	------	METALLIC COATINGS None		
SOLVENTS Variable up to	40	1000	FILLER METAL PLUS COATING OR CORE FLUX None		
~~ADDITIVES~~ solvents " " "	42	150	OTHERS None		
~~OTHERS~~ solvents " " "	20	100			

HAZARDOUS MIXTURES OF OTHER LIQUIDS, SOLIDS, OR GASES	%	TLV (Units)

"DYKEM" is the Registered Trade-mark of a line of Proprietary Products used by Industry since 1920. Never any harm to any of our employees who handle daily large volumes of raw materials and finished products. No customer has ever reported any adverse effects. Containers are labeled with Caution Norices regarding flammability and use with adequate ventilation. Our employees use Dykem Remover and Thinner 138 to remove stains from hands.

SECTION III - PHYSICAL DATA

BOILING POINT (°F.) 167°F(average)		SPECIFIC GRAVITY (H_2O=1) .86 to .91	
VAPOR PRESSURE (mm Hg.) 25.1mm@20°C		PERCENT, VOLATILE BY VOLUME (%) .78 to 90	
VAPOR DENSITY (AIR=1) Heavier than	air	EVAPORATION RATE (_____ =1) Faster than Butyl Acetate	
SOLUBILITY IN WATER Partially			
APPEARANCE AND ODOR Intense color, mild odor.			

SECTION IV - FIRE AND EXPLOSION HAZARD DATA

FLASH POINT (Method used) 61°F Cleveland Open cup	FLAMMABLE LIMITS	Lel	Uel
EXTINGUISHING MEDIA Carbon dioxide			
SPECIAL FIRE FIGHTING PROCEDURES None			
UNUSUAL FIRE AND EXPLOSION HAZARDS None			

(Continued on reverse side)

002 10
002 11
002 12
002 13
002 14
002 15
002 16
002 17
002 18
002 19
002 20

~~002 16~~ 22-1

TATE IDENTIFICATION NUMBER

~~81-HW-~~

03-74-0599

EPA IDENTIFICATION NUMBER

OHD 066046228

TREATMENT, STORAGE, AND DISPOSAL FACILITIES
Form A.- General Facility Standards

I. General Information:

A) Facility Name: Bendix Autolite Corp.

B) Street: 600 N. Union St.

C) City: Fostoria (D) State: OH (E) Zip Code: 44830

F) Phone: 419-435-6655 (G) County: Seneca

H) Operator: Bendix Autolite Corp.

I) Street: P.O. Box 880

J) City: Fostoria (K) State: OH (L) Zip Code 44830

M) Phone: 419-435-6655 (N) County: Seneca

O) Owner: Bendix Corp.

P) Street: P.O. Box 5060

Q) City: South Field (R) State: MI (S) Zip Code: 48037

T) Phone: 313-827-5000 (U) County:

V) Date of Inspection: 9-29-81 (W) Time of Inspection (From) 10:00 (To)

X) Weather Conditions: Rain 50°

(Y) Person(s) Interviewed	Title	Telephone
John L. Holden	Mgr. — Safety & Sec.	419-435-6655

(Z) Inspection Participants	Agency/Title	Telephone

(AA) Preparer Information

Name	Agency/Title	Telephone
Dave Ferguson	OEPA, Env. Sci.	419-352-8461

II. SITE ACTIVITY:

Complete sections I through VII for all treatment, storage, and/or disposal facilities. Complete the forms (in parenthesis) in section VIII corresponding to the site activities identified below:

✓ A. Storage and/or Treatment
   1. Containers (I)
   2. Tanks (J)
   3. Surface Impoundments (K)
   4. Waste Piles (L)

___ B. Land Treatment (M)

___ C. Landfills (N)

___ D. Incineration and/or Thermal Treatment (O and P)

___ E. Chemical, Physical, and Biological Treatment (Q)

Note: If facility is also a generator or transporter of hazardous waste complete sections IX and X of this form as appropriate.

III. GENERAL FACILITY STANDARDS:
(Part 265 Subpart B)

	Yes	No	NI*	Remark
A) Has the Regional Administrator been notified regarding:				
1. Receipt of hazardous waste from a foreign source?	N/A			
2. Facility expansion?	N/A			
3) General Waste Analysis:				
1. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	X			
2. Does the owner or operator have a detailed waste analysis plan on file at the facility?	X			
3. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?		N/A		
) Security - Do security measures include: (if applicable)				
1. 24-Hour surveillance?	X			
2. Artificial or natural barrier around facility?	X			
3. Controlled entry?	X			
4. Danger sign(s) at entrance?	N/A			
) Do Owner or Operator Inspections Include:				
1. Records of malfunctions?	X			
2. Records of operator error?	X			
3. Records of discharges?	X			

t Inspected

II.. GENERAL FACILITY STANDARDS - Continued

	Yes	No	NI*	Remarks
4. Inspection schedule?	X	---	---	---
5. Safety, emergency equipment?	X	---	---	---
6. Security devices?	X	---	---	---
7. Operating and structural devices?	X	---	---	---
8. Inspection log?	X	---	---	---
(E) Do personnel training records include: (Effective 5/19/81)				
1. Job titles?	X	---	---	---
2. Job descriptions?	X	---	---	---
3. Description of training?	X	---	---	---
4. Records of training?	X	---	---	---
5. Have facility personnel received required training by 5-19-81?	X	---	---	---
6. Do new personnel receive required training within six months?	X	---	---	---
(F) If required are the following special requirements for ignitable, reactive, or incompatible wastes addressed?				
1. Special handling?	X	---	---	---
2. No smoking signs?	X	---	---	---
3. Separation and protection from ignition sources?	N/A	---	---	---

*Not Inspected

IV. PREPAREDNESS AND PREVENTION:
(Part 265 Subpart C)

	Yes	No	NI*	Remarks
A) Maintenance and Operation of Facility: Is there any evidence of fire, explosion, or release of hazardous waste or hazardous waste constituent?		X		
B) If required, does the facility have the following equipment:				
1. Internal communications or alarm systems?	X			ADT
2. Telephone or 2-way radios at the scene of operations?	X			phones within fac.
3. Portable fire extinguishers, fire control, spill control equipment and decontamination equipment?	X			

Indicate the volume of water and/or foam available for fire control:

100,000 elevated, ground level tank 250,000 g.; City Water

C) Testing and Maintenance of Emergency Equipment:				
1. Has the owner or operator established testing and maintenance procedures for emergency equipment?	X			weekly of extinguishe
2. Is emergency equipment maintained in operable conditions?	X			constant checking by CO. & INS. CO. + outside contractor.
D) Has owner or operator provided immediate access to internal alarms? (if needed)	X			1. Foam Syst. 2. ADT - once/mth.

*Not Inspected

(E) Is there adequate aisle space for unobstructed movement? X

V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES: (Part 265 Subpart D)

(A) Does the Contingency Plan contain the following information:	Yes	No	NI*	Remarks
1. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)	X			Copy previously sent to the office
2. Arrangements agreed by local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?	X			
3. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?	X			
4. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?	X			
5. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)	X			

*Not Inspected

V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES - Continued

	Yes	No	NI*	Remarks
(B) Are copies of the Contingency Plan available at site and local emergency organizations?	X			
(C) Emergency Coordinator				
1. Is the facility Emergency Coordinator identified?	X			
2. Is coordinator familiar with all aspects of site operation and emergency procedures?	X			
3. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	X			
(D) Emergency Procedures				
If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?	N/A			

VI. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING (Part 265 Subpart E)

	Yes	No	NI*	Remarks
(A) Use of Manifest System				
1. Does the facility follow the procedures listed in §265.71 for processing each manifest?	X			
2. Are records of past shipments retained for 3 years?	X			
(B) Does the owner or operator meet requirements regarding manifest discrepancies?	X			

*Not Inspected

(C) Operating Record

1. Does the owner or operator maintain an operating record as required in 265.73?	X			
2. Does the operating record contain the following information:				
**b. The method(s) and date(s) of each waste's treatment, storage, or disposal as required in Appendix I?	X			
c. The location and quantity of each hazardous waste within the facility?	X			
***d. A map or diagram of each cell or disposal area showing the location and quantity of each hazardous waste? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)	N/A			
e. Records and results of all waste analyses, trial tests, monitoring data, and operator inspections?	N/A			
f. Reports detailing all incidents that required implementation of the Contingency Plan?	N/A			
g. All closure and post closure costs as applicable? (Effective 5-19-81)	X			

** See page 33252 of the May 19, 1980, Federal Register.

*** Only applies to disposal facilities

*Not Inspected

VII. CLOSURE AND POST CLOSURE
(Part 265 Subpart G)

	Yes	No	NI*	Remarks
Closure and Post Closure				
1. Is the facility closure plan available for inspection by May 19, 1981?	X			
2. Has this plan been submitted to the Regional Administrator	N/A			
3. Has closure begun?		X		
4. Is closure estimate available by May 19, 1981?	X			
Post closure care and use of property				
Has the owner or operator supplied a post closure monitoring plan? (effective by May 19, 1981)	N/A			

VIII. FACILITY STANDARDS
(Part 265, Subparts I thru R)

I
USE AND MANAGEMENT OF CONTAINERS

ility Name: Autolite Date of Inspection: 9-29-81

	Yes	No	NI*	Remarks
1. Are containers in good condition?	X			
2. Are containers compatible with waste in them?	X			
3. Are containers stored closed?	X			
4. Are containers managed to prevent leaks?	X			
5. Are containers inspected weekly for leaks and defects?	X			
6. Are ignitable & reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive.)	N/A			

	Yes	No	NI	Remarks
7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply.)	N/A			
8. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?	N/A			

J
TANKS

Facility Name: _____ Date of Inspection: _____

1. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank?				
2. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures?				
3. Do continuous feed systems have a waste-feed cutoff?				
4. Are waste analyses done before the tanks are used to store a substantially different waste than before?				
5. Are required daily and weekly inspections done?				
6. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)				
7. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR 265.17(b) apply.)				

*Not Inspected

	Yes	No	NI*	Remarks
3. Has the owner or operator addressed the waste analysis requirements of 265.402?	___	___	___	_____
4. Are inspection procedures followed according to 265.403?	___	___	___	_____
5. Are the special requirements fulfilled for ignitable or reactive wastes?	___	___	___	_____
6. Are incompatible wastes treated? (If yes, 265.17(b) applies.)	___	___	___	_____

Note: EPA has temporarily suspended the applicability of the requirements of the hazardous waste regulations in 40 CFR Parts 122, 264 and 265 to owners and operators of (1) wastewater treatment tanks that receive, store, and treat wastewaters that are hazardous waste or that generate, store or treat a wastewater treatment sludge which is a hazardous waste where such wastewaters are subject to regulation under Sections 402 or 307(b) of the Clean Water Act (33 U.S.C. 1251 et seq.) and (2) neutralization tanks, transport vehicles, vessels, or containers which neutralize wastes which are hazardous only because they exhibit the corrosivity characteristic under 40 CFR §261.22 or are listed as hazardous wastes in Subpart D of 40 CFR Part 261 only for this reason.

IX

Complete this section if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

1. MANIFEST REQUIREMENTS

	Yes	No	NI*	Remarks
(A) Does the operator have copies of the manifest available for review?	✓	___	___	_____
(B) Do the manifest forms reviewed contain the following information: (If possible, make copies of, or record information from, manifest(s) that do not contain the critical elements)				
1. Manifest document number?	X	___	___	_____
2. Name, mailing address, telephone number, and EPA ID Number of Generator	X	___	___	_____

	Yes	No	NI*	Remarks
3. Name and EPA ID Number of *Transporter(s)?*	X			
4. Name, address, and EPA ID Number of Designated permitted facility and alternate facility?	X			
5. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	X			
6. The total quantity of waste(s) and the type and number of containers loaded?	X			
7. Required certification?	X			
8. Required signatures?	X			
(C) Does the owner or operator submit exception reports when needed?	X			

2. PRE-TRANSPORT REQUIREMENTS

(A) Is waste packaged in accordance with DOT Regulations? (Required prior to movement of hazardous waste off-site)	X			
(B) Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required to movement of hazardous waste off-site)	X			
(C) If required, are placards available to transporters of hazardous waste?	X			

REMARKS

Use this section to briefly describe site activities observed at the time of the inspection. Note any possible violations of Interim Status Standards.

Note: 2 items have been deleted from p. 3 of 5 on the Pt. A.

line 2 because of recycling

line 4 because of an ~~exe~~ exemption for paint residue.

The facility was given a copy of the revised p 3. (enclosure)

Check Appropriate Box(es)

___ Air Discharge

___ Water Discharge to New Source Treatment Works

___ Solid Waste Disposal Facility

___ Hazardous Waste Disposal Facility

FILE

PTI Application No. 03-3523

Date Received 12-16-87 1/14/88

Premise No. 0374010117

PAID
Amount $15.00 Date 12-16-87
Check # 189144 Date 12-10-87

OHIO ENVIRONMENTAL PROTECTION AGENCY
Application for Permit to Install

ALLIED-SIGNAL, INC - AUTOLITE DIVISION
Applicant's Name

P.O. BOX 880
Mailing Address

FOSTORIA	SENECA	OHIO	44830	(419) 435-6655
City	County	State	Zip Code	Telephone Number

STEVEN ROBINETT, ENVIRONMENTAL COORDINATOR (419) 436-5645

1600 NORTH UNION STREET
Location of Proposed Facility (State the location as completely and precisely as possible)*

FOSTORIA	SENECA	44830
City or Township	County	Zip Code

3964 ELECTRICAL EQUIPMENT FOR INTERNAL COMBUSTION ENGINES
Standard Industrial Classification Code

Direction: A Permit to Install is required for new or modified source of pollution under the provisions of OAC Rule 3745-31. An application cannot be considered complete unless all applicable questions are answered and the required information has been submitted. This application must be signed in accordance with OAC Rule 3745-31-04(B) or it cannot be accepted.

Applicants for permits involving air emissions or wastewater treatment facilities will be required to pay a permit to install fee as shown in Section 3475.11(B) and (C) of the Ohio Revised Code. This fee is payable fifteen days after the date of final issuance of the permit.

Name of new or modified source or facility: ACID ETCH WORK STATION

Product of new or modified source/facility: QUALITY CONTROL & INSPECTION

Will the proposed source/facility involve any of the following: Check all that apply.

A. X Air Discharge
B. ____ Wastewater Treatment Works
C. ____ Solid Waste Disposal Facility
D. ____ Hazardous Waste Disposal Facility

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DEC 16 1987
OHIO EPA
NW D.O.

*Example: "The source will be constructed on a 20 Acre plot to be located on Franklin Township Road No. 17, approximately 1¼ miles north of the intersection of State Route 99 and Franklin Township Road No. 17."

EPA-3150

CENTRAL OFFICE USE ONLY

Issuance Date: _____

Effective Date: _____

APS Premise No. 0374010117

PTI Application No. 03-3523

Fee 200

PERMIT TO INSTALL WORKSHEET

1. TYPE OF SOURCE: Check as applicable:

X AIR - Major Source? ___YES X NO - Was a New Source Review Data Sheet (for modeling) submitted to APC for this source? ___YES X NO

___ NSPS Category _____ ___ PSD ___ CEM ___ NESHAPS Category _____ ___Emission Offsets

___ WATER - Pertains to ___ Sewers ___ Wastewater Treatment ___Industrial Facility

___ SOLID WASTE

___ HAZARDOUS WASTE DISPOSAL FACILITY - Is a HWFAB Permit required? ___YES ___NO

2. Check one: X APPROVAL ____DENIAL

3. FACILITY NAME: ALLIED-SIGNAL INC. – AUTOLITE DIVISION

4. APPLICANT/PERSON TO CONTACT STEVEN ROBINETT PHONE (419) 435-6655

5. MAILING ADDRESS: (Street) 1600 N. UNION ST., P.O. BOX 880

(City) FOSTORIA (State) OHIO (Zip) 44830

6. LOCATION OF PROPOSED SOURCE: Always complete b (city or township) and c (county).

Specific

a. Street Address or Location Description 1600 N. UNION STREET

b. City/~~Township~~ FOSTORIA

c. County/~~Counties~~ SENECA

d. Sewer District, if applicable _____

7. DESCRIPTION OF PROPOSED SOURCE (Max. 120 characters)

LABORATORY ACID ETCH WORK STATION w/ FUME HOOD EXHAUST

8. DATE COMPLETE APPLICATION RECEIVED: 1/14/88

EPA 3151
6/1/83

PERMIT TO INSTALL DISTRIBUTION SHEET
INDICATE BELOW TO WHOM COPIES ARE TO BE SENT

Applicant's Mailing Address	PERMIT	REPORT	PLAIIS	DATA SHEETS
STEVEN ROBINETT PERSON TO CONTACT ALLIED-SIGNAL INC.-AUTOLITE DIV. APPLICANT 1600 N. UNION ST. STREET FOSTORIA OHIO 44830 CITY STATE ZIP	X			
Copy to:	X			
Copy To:	X			
Copy To:	X			
Copy To:	X			
Local Air Agency _____	X			
District Office NEDO ___ NWDO X CDO ___ SEDO ___ SWDO ___	X			
Central Office DAPC X DWPC ___ DLPC ___ DHMM ___	X			

EPA 3151
6/8/82

TOXIC AIR CONTAMINANTS

Acetaldehyde
Acrolein
Acrylonitrile
Allyl chloride
Benzyl chloride
Beryllium
Cadmium
Carbon Tetrachloride
Chlorobenzene
Chloroform
Chloroprene
Coke oven emissions
o-, m-, p-Cresol
p-Dichlorobenzene
Dimethyl nitrosamine
Dioxin
Epichlorohydrin
Ethylene dibromide
Ethylene dichloride
Ethylene oxide
Formaldehyde
Hexachlorocyclopentadiene
Maleic anhydride
Manganese
Methylene Chloride (Dichloromethane)
Methyl Chloroform (1,1,1, Trichloroethane)
Nickel
Nitrobenzene
Nitrosorpholine
o-m, m, p-xylene
Perchloroethylene
Phenol
Phosgene
Polychlorinated biphenyls
Propylene oxide
Toluene
Trichloroethylene
Vinylidene chloride

CALCULATIONS: CO. USES ≈ 6 GAL HCl/YR IN THIS OPERATION IT IS REGENT GRADE DILUTED WITH DISTILLED H_2O. ONLY A SMALL PERCENTAGE IS EMITTED AS AN AIR POLLUTANT— THE MAJORITY OF THE ACID SOLUTION IS DISPOSED OF IN THE WASTE WATER SYSTEM.

∴ ASSUMING WORST CASE OF 25% LOSS AS FUMES

6 GAL @ 9.63 LBS/GAL = 57.8 LBS HCl/YR

× 0.25

14.4 LBS/YR

÷ 250 HRS/YR

.06 LBS/HR

INSIGNIFICANT

NEW SOURCE REVIEW

CN TYPE	NUMBER REQUIRED
P	1

PTI NUMER 03-3523

PREMISE NUMBER 0374010117

FACILITY NAME ALLIED SIGNAL INC - AUTOLITE DIV.

CITY (OR TOWNSHIP) FOSTORIA

DATE COMPLETE APPLICATION RECEIVED 1/14/88

START-UP DATE 2/15/88

COUNTY SENECA

FACILITY DESCRIPTION. (INCLUDE SIC CODE)- 3964 ELECTRICAL EQUIP. FOR INTERNAL COMBUSTION ENGINES

SOURCE DESCRIPTION (INCLUDE SCC) 3 01 870 02 HCl WORKING LOSS

EMISSIONS: (ATTACH CALCULATIONS) SEE REVERSE SIDE

POLLUTANT	ACTUAL EMISSIONS (TONS/YEAR)	PERMIT ALLOWABLE EMISSIONS (TONS/YEAR)	PERMIT ALLOWABLE EMISSIONS RATE (LB./MMBTU, GR./DSCFR., ETC.)
PARTICULATE EMISSIONS			
SULFUR DIOXIDE			
ORGANIC COMPOUNDS			
NITROGEN DIOXIDE			
CARBON MONOXIDE			
LEAD			
OTHER*	INSIGNIFICANT →		

CHECK ALL APPLICABLE REQUIREMENTS FOR THIS SOURCE: __NESHAPS __PSD . X NSPS X NONE __EMISSION OFFSET POLICY

HAS A BACT/LAER CLEARINGHOUSE FORM BEEN COMPLETED FOR THIS SOURCE? __YES X NO
IF YES, ATTACH A COPY OF THE FORM. HAS A COPY BEEN SENT TO USEPA? __YES __NO

WHAT IS THE BAT DETERMINATION, AND WHAT IS THE BASIS FOR THE DETERMINATION?

THIS IS NOT A CRITERIA POLLUTANT - THIS IS QUALITY CONTROL WORK UTILIZING LABORATORY QUANTITIES OF HCl DILUTED W/DISTILLED H_2O — VERY LITTLE HCl IS EMITTED AS AIR EMISSIONS. THE MAJORITY IS DISPOSED OF AS AN AQUEOUS WASTE ∴ BAT IS DEEMED TO BE A SYSTEM FOR REMOVING THE FUMES FROM THE LAB — NO ADDITIONAL CONTROLS ARE REQUIRED FOR THE STACK.

OPTIONAL: WHAT IS THE CAPITAL COST OF CONTROL EQUIPMENT? N.A.

PERSON COMPLETING FORM D. Wattermeyer DATE 1/22/88

*Includes any emissions of toxic air pollutants. See other side for List of 38 Toxic Air Contaminants.

OHIO ENVIRONMENTAL PROTECTION AGENCY

INSTALLATION SCHEDULE

TO ACCOMPANY APPLICATION FOR PERMIT TO INSTALL

THIS FORM CONSTITUTES PART OF THE APPLICATION OF:

FACILITY NAME: ALLIED-SIGNAL INC. - AUTOLITE DIVISION

ADDRESS 1600 N. UNION ST., FOSTORIA, OHIO 44830

FOR A PERMIT TO INSTALL THE FOLLOWING AIR CONTAMINANT SOURCE:

IDENTIFICATION: INSPECTION - ACID ETCH

DESCRIPTION: ACID ETCH EXHAUST BOOTH FOR INSPECTION OF SPARK PLUG SHELL BODIES

THE INSTALLATION OF THE ABOVE AIR CONTAMINANT SOURCE IS PLANNED TO FOLLOW THE TIME SCHEDULE DESCRIBED BELOW:

		DATE
1.	EQUIPMENT ORDERED - - - - - - - - - - - - -	12/01/87
2.	COMMENCE CONSTRUCTION - - - - - - - - - - -	02/01/88
3.	STARTUP - - - - - - - - - - - - - - - - - -	02/15/88
4.	PERFORMANCE TESTING - - - - - - - - - - - -	NOT APPLICABLE

Under OAC 3745-31-04, These signatures shall constitute personal affirmation that all statements or assertions of fact made in the application are true and complete, comply fully with applicable state requirements, and shall subject the signatory to liability under applicable state laws forbidding false or misleading statements.

M. SEMEYN — DEC. 07, 1987

Authorized Signature (for facility) — Date

VICE PRESIDENT and GENERAL MANAGER

Title

1600 N. UNION ST., FOSTORIA, OHIO 44830

Address

For Wastewater Treatment Plants:

Signature of General Contractor or Agent Performing installation, if selected. — Date

Company

Address

Number 3 must be complete in full.

EMISSION SUMMARY

3. The air contaminant sources listed below comprise the Permit to Install for ALLIED SIGNAL INC. – AUTOLITE DIVISION located in SENECA County. The sources listed below shall not exceed the emission limits/control requirements contained in the following table:

Ohio EPA Source No.	Source Identification	BAT Determination	Applicable Ohio EPA rule	Allowable Emissions (lb/hr, lb/MMBTU, gr/DSCF, etc.)
P070	LABORATORY ACID ETCH WORK STATION	FUME HOOD EXHAUST SYSTEM	OAC 3745-31-05	INSIGNIFICANT

SUMMARY
TOTAL NEW SOURCE EMISSIONS

Pollutant	Tons/Year
HYDROCHLORIC ACID FUMES	INSIGNIFICANT

This condition in no way limits the applicability of any other state or federal regulation.

For Official Use Only

Premise No._____
Source No._____

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OHIO EPA
N.W.D.O.

APPENDIX A, PROCESS

PROCESS DATA

1. Name of process ACID ETCH WORK STATION

2. End product of this process QUALITY INSPECTION

3. Primary process equipment SMALL BEAKER OF HYDROCHLORIC ACID

   Your identification STACK 469 Year installed 1988

4. Manufacturer AUTOLITE Make or Model N/A

5. Capacity of equipment (lbs./hr): Rated N/A Max. N/A

6. Method of exhaust ventilation: XX Stack [] Window fan [] Roof vent
   [] Other, describe _____
   Are there multiple exhausts? [] Yes XX No

OPERATING DATA

7. Normal operating schedule: 1 hrs./day, 5 days/wk., 50 wks./year.

8. Percent annual production (finished units) by season:
   Winter 25% Spring 25% Summer 25% Fall 25%

9. Hourly production rates (lbs.): Average N/A Maximum N/A

10. Annual production (indicate units) N/A
    Projected percent annual increase in production N/A

11. Type of operation: [] Continuous XX Batch

12. If batch, indicate Minutes per cycle 1 Min. Minutes between cycles N/A

13. Materials used in process:

List of Raw Materials	Principal Use	Amount (lb./hr.)
Regent Grade HCL	Etching	N/A 6 GAL/YR @ PH 0.1
Distilled Water	Dilution of Acid	N/A

14. APROCESS FLOW DIAGRAM MUST BE INCLUDED WITH THIS APPENDIX. Show entry and exit poiints of all raw materials, intermediate products, by-products and finished products. Label all materials including airborne contaminants and other waste materials. Label the process equipment and control equipment.

(continued on reverse side)

Ohio Environmental Protection Agency

Application for Permit to Install - Acid Etch Work Station
Allied-Signal, Inc.
Autolite Division
Fostoria, Ohio 44830

1. This work station will be used to perform a visual inspection of a cold formed spark plug shell. This inspection consists of cross sectioning a spark plug shell and etching the shell in a hydrochloric acid solution to reveal flaws in it's physical structure.

2. Distilled Water
Regent Grade Hydrochloric Acid
Steel Spark Plug Shells

3. New installation

4. No permit application has been previously filed.

5. Yes

6. Undeterminable, but very small amount of hydrochloric acid and water vapor.

7. No

8. Yes

9. No

10. No

11. None

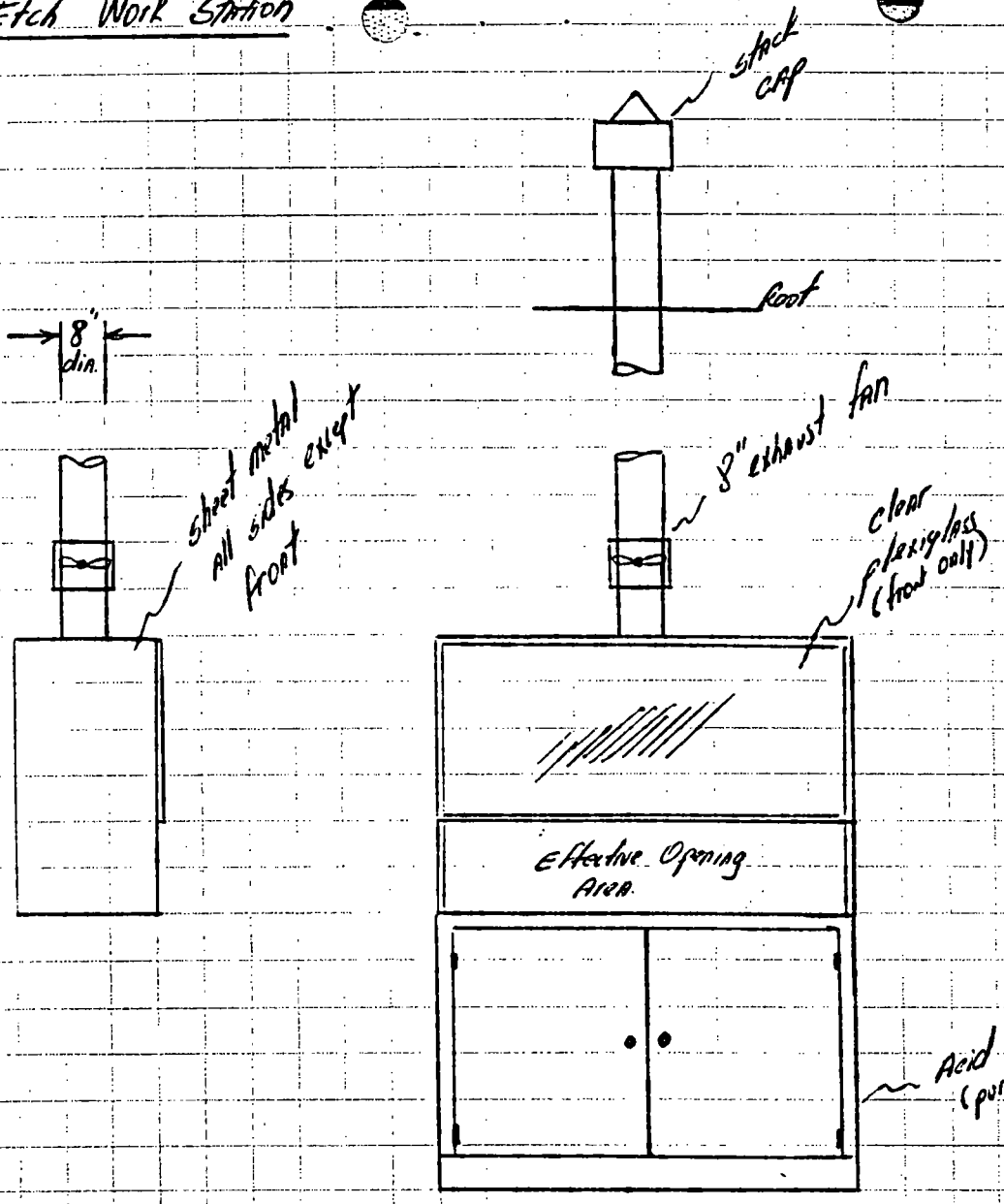
12. No

13. This station should be completed in Feb. of 1988.

14. None

15. Appendix A attached.

Acid Etch Work Station



Fume Hood - overall
35" wide
22" deep
36" high

Effective Opening Area -
32" wide x 18" high = 576 in^2 = 4 ft^2

Capture Velocity at face of hood: 200 fpm

CFM required = Q = (4 ft^2)(200 ft/min) = 800 CFM

conveying velocity for light fumes = 1200 fpm minimum

To use an 8" dia duct conveying velocity would be 2300 fpm (Acceptable)

National Machinery
NATIONAL MACHINERY CO., TIFFIN, OHIO U.S.A. 44883
NATIONAL MACHINERY G.m.b.H. 8500 NUERNBERG, GERMANY • DESIGNERS AND BUILDERS OF COLD, WARM AND HOT FORGING MACHINERY

MDM 10-8-87

ATERIAL SAFETY DATA SHEET

CORPORATE RESEARCH & DEVELOPMENT

SCHENECTADY, N. Y.

MATERIALS INFORMATION SERVICES

No. 30 A

HYDROCHLORIC ACID

Date October 1977

SECTION I. MATERIAL IDENTIFICATION

MATERIAL NAME: HYDROCHLORIC ACID
DESCRIPTION: This material is a water solution of hydrogen chloride gas.
OTHER DESIGNATIONS: Muriatic Acid, Concentrated Hydrochloric Acid, GE Material D4A3
CAS# 007647010
MANUFACTURER: Available from many suppliers

SECTION II. INGREDIENTS AND HAZARDS

	%	HAZARD DATA
Hydrogen chloride (HCl)	<38	TLV 5 ppm (C)*
Impurities (depends on acid grade)	Traces	
Water	Balance	

*C denotes a ceiling concentration that should not be exceeded in the workplace

SECTION III. PHYSICAL DATA

	18°Be'	20°Be'	22°Be'	23°Be'
Weight % HCl	27.9	31.4	35.2	37.1
Boiling pt, 1 atm, deg F	208	182	144	123
Freezing point, deg F	-43.6	-63.4	-86.3	-101.2
Specific gravity, 60/60 F	1.142	1.160	1.179	1.189
Vapor pressure, 25 C, mm Hg	--	25	--	--

Materials are completely water soluble and nearly 100% volatile.
Appearance & Odor: Colorless to lt. yellow fuming liquid with a pungent, suffocating odor.

SECTION IV. FIRE AND EXPLOSION DATA

Flash Point and Method	Autoignition Temp.	Flammability Limits in Air	
		LOWER	UPPER
N/A	N/A	N/A	

Extinguishing media: Select that suitable for surrounding fire.
This nonflammable material can react with many metals, such as iron, to produce flammable hydrogen gas. The acid can be neutralized with bases such as slaked lime or soda ash.
Use a water spray to cool fire exposed containers to prevent rupture.
Firefighters should use full protective clothing and self-contained breathing apparatus when this material is involved in a fire situation.

SECTION V. REACTIVITY DATA

This material is stable when properly contained and handled. It is a strong mineral acid and is, thus, highly reactive with materials such as metals, metal oxides, hydroxides, amines, carbonates and other alkaline materials. It is highly corrosive to many materials.
It can liberate significant levels of HCl by vapor pressure at room temperature when concentrated and large amounts of HCl when heated.
Reaction with most metals will produce hydrogen gas.

ALLIED Automotive

Autolite Division
P.O. Box 880
Fostoria, OH. 44830
(419) 435-6655

December 14, 1987

Mr. Don Waltermeyer
Ohio EPA
Northwest District Office
1035 Devlac Grove Dr.
Bowling Green, Ohio 43402

Dear Don:

Enclosed please find an application for a permit to install an acid etching booth here at our Fostoria facility. I believe that all of the correct forms have been completed and are enclosed along with a check for $15.00 to the Treasurer of the State of Ohio.

If you have any questions or if I have not provided all of the necessary information, please call me at (419) 435-5645.

The plant will be shut down for the Christmas holidays from Dec. 24 thru Jan. 3.

Sincerely

Steven Robinett